

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**CONTRACTOR'S QUALIFYING INDIVIDUAL
REPLACEMENT OR ADDITION**

DOPL-AP-081 REV 08/21/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and the level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: A social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for DOPL's licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). If a social security number is not provided when required, the application will be incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. **Original Test Score Letter(s):** Submit the original letters received from Experior with the applicant's qualifying individual's passing score(s) for the Utah Contractor Business - Law Examination **and** any required trade examination(s). (Keep copies for your records.)

If the qualifier on this application has already passed the required Utah Contractor Business Law Examination and any trade exam (if applicable) for the classification(s) of licensure being requested, the qualifier does not have to retake them. On the Affidavit of

Qualifying Experience found in this application, write “see license number _____” for the license in which he is/was the qualifier for the same license classification(s).

If the qualifier has passed the trade exam in Alabama, Arizona, Arkansas, California, Florida, Georgia, Louisiana, Michigan, Mississippi, Nevada, North Carolina, South Carolina, Tennessee, Virginia, or West Virginia, request that the state include the examination information on the “Request For Verification of License” form attached to this application. (See “Electrical and Plumbing Qualifiers” information under “Additional Important Information.”)

2. **Affidavit of Qualifying Experience:** Submit a form (attached to this application) signed by each employer documenting that the applicant’s qualifying individual meets the qualifying experience requirement. (A complete list of contractor classifications can be found in Experior’s “Candidate Information Bulletin” attached to this application.)

If a contractor has gone out of business, won’t sign an affidavit, etc., the qualifier may submit W-2’s and tax returns for the years covering the experience and the following:

- ☐ For supervisory experience, provide at least two letters from building officials.
- ☐ For non-supervisory experience, provide at least two letters from building officials and/or suppliers.

Letters must be on the building official’s or the supplier’s letterhead, be dated and signed, and state how long the building official or supplier has known the individual to be an employee of the licensed contractor and what his/her specific responsibilities are/were during that period of time.

3. Submit a \$50.00 **non-refundable** application-processing fee.

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Contractor Business-Law Exam:** All qualifiers must pass the Utah Contractor Law Examination. Contact Experior at the address and telephone number below to register for the law examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, UT 84118, (801) 355-5009

You may also purchase a reference manual from Experior, which has been prepared to assist candidates taking the law exam. In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Utah Construction Trades Licensing Act

- ❑ Utah Construction Trades Licensing Act Rules
 - ❑ Utah Residence Lien Restriction and Lien Recovery Fund Act
 - ❑ Utah Residence Lien Restriction and Lien Recovery Fund Rules
- 2. **Specific Trade Examination(s):** Applicants must apply directly to Exporior, at the address and telephone number above, to register for examinations.
- 3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
- 4. **Electrical and Plumbing Qualifiers:** A qualifier for S200 General Electrical Contractor must be a Utah licensed master electrician. A qualifier for S201 Residential Electrical Contractor must be a Utah licensed master or residential master electrician. A qualifier for S210 General Plumbing Contractor must be a Utah licensed journeyman plumber. A qualifier for S217 Residential Plumbing Contractor must be a Utah licensed journeyman or residential journeyman plumber. A qualifier for I103 Electrical Trades Instructor must be a Utah licensed journeyman, residential journeyman, master, or residential master electrician. A qualifier for I104 Plumbing Trades Instructor must be a Utah licensed journeyman or residential journeyman plumber. **There are separate applications for licensure as an electrician or plumber. An active master electrician or journeyman plumber license must be held by the qualifier prior to the issuance of a contractor license and must remain active as long as the qualifier remains the qualifier.**
- 5. **Payments:** Submit one check made payable to “DOPL” for all fees.
- 6. **Updating Address Information:** It is a licensee’s responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
- 7. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
- 8. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st floor
Salt Lake City, Utah 84111

- 9. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

10. **Fax Number:** (801) 530-6511

APPLICATION FOR CONTRACTOR'S QUALIFYING INDIVIDUAL

APPLICATION FOR:

_____ Replacement of Qualifying Individual

_____ Addition of Qualifying Individual

BUSINESS LEGAL NAME: _____

Utah Contractor License Number: _____

Name of Qualifying Individual Being Replaced (if applicable): _____

BUSINESS MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

NEW QUALIFYING INDIVIDUAL INFORMATION:

Name: _____

Social Security Number: _____ Date of Birth: _____

Qualifying for which Classification(s): _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License Number: _____

Qualifier License Number: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which the applicant's new qualifying individual now holds or has ever held in a construction related occupation or profession. (Use additional sheets if necessary.)

Issuing State: _____

Profession: _____

Company Name: _____

License Number: _____

License Status: _____

Effective Date: _____

Issuing State: _____

Profession: _____

Company Name: _____

License Number: _____

License Status: _____

Effective Date: _____

Issuing State: _____

Profession: _____

Company Name: _____

License Number: _____

License Status: _____

Effective Date: _____

CONTRACTOR QUALIFYING QUESTIONNAIRE

GENERAL QUESTIONS

Answer “yes” or “no” to each question. Do not leave any question blank.

Answer each question on behalf of the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualifying managing employee, or manager associated with or employed by the applicant.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever applied for or become registered in the Residence Lien Recovery Fund under any name other than the name listed on this application?
3. _____ Have you ever been denied the right to sit for a licensure examination?
4. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
5. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
6. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
7. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
8. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
9. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
10. _____ Have you ever been terminated from a position because of drug use or abuse?
11. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
12. _____ Have you ever used any drugs without a valid prescription, the possession or distribution

(Questions continue on following page.)

of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

13. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
14. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
16. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
17. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
18. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
19. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to question 14, 15, 16, 17, 18, or 19 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT AND RELEASE AUTHORIZATION

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

The applicant is qualified in all respects for the license, certificate, or registration for which it is applying in this application.

To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact. To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

Applicant will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

Applicant understands that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Applicant authorizes all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Printed Name of Authorized Signer: _____

Signature of Authorized Signer: _____

Date of Signature: _____

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AFFIDAVIT OF QUALIFYING EXPERIENCE

PART I - TO BE COMPLETED BY THE APPLICANT'S QUALIFYING INDIVIDUAL:

Use a separate form for each employer. Make copies of this form as necessary.

NOTE: If you have been or if you currently are a qualifier on a Utah license under the same classification(s) being applied for on this application for licensure, complete the front of this form only. You do not need to have your qualifying information verified again.

Qualifier's Name: _____

Social Security Number: _____

Classification Title and Number: _____

Prior or Current Utah Contractor License Number (if applicable): _____

- To qualify for the following classifications, the applicant's qualifier must have had within the past 10 years a minimum of four years full-time related experience as an employee of a licensed or exempt contractor, two years of which shall be in a supervisory or managerial position under the direct supervision of a licensed or exempt E100, B100, or R100 contractor. The supervisory experience shall be in the classification for which application is being made:

E100 General Engineering Contractor
B100 General Building Contractor
R100 Residential and Small Commercial Building

- To qualify for the following classifications, the applicant's qualifier must have had within the past 10 years a minimum of four years full-time related experience as an employee of a licensed or exempt contractor:

| | |
|----------------------|------------------------------------------------|
| S280 General Roofing | S290 General Masonry |
| S320 Steel Erection | S350 Heating, Ventilating and Air Conditioning |
| S360 Refrigeration | S370 Fire Suppression |

- To qualify for all other contractor classifications, the applicant's qualifier must have had within the past 10 years a minimum of two years full-time related experience as an employee of a licensed or exempt contractor.

(Continued on the reverse.)

PART II - TO BE COMPLETED BY THE APPLICANT'S QUALIFIER'S EMPLOYER:

I declare under penalty of perjury as follows:

I am the qualifier or authorized signer of a licensed contractor that is engaged in construction activities in the classification specified above, or I am lawfully exempted from licensure, or I am not required to be licensed in the state or jurisdiction in which I perform contracting activities but nevertheless certify that I am a qualified contractor in the classification specified above.

I certify that the applicant's qualifier named herein has obtained qualifying experience as defined herein while employed during the periods of time specified below and the work was satisfactorily performed. (Additional explanation of the work performed may be submitted on separate pages.)

I understand that "Qualifying Experience" means full-time related work performed in lawful employment as an employee of a contractor lawfully engaged in construction activities in the classification for which the applicant has applied and for which the applicant received W-2 wages.

I understand that the experience of persons working for a contractor as an independent contractor paid on a 1099 form is not acceptable.

Name of Applicant's Qualifier: _____

Date Employment Began: ____/____/____ *Full-time, related employment adds up to _____ years and _____ months*

Date Employment Ended: ____/____/____

Total Hours Worked: _____ Total Hours of Supervisory Experience: _____

Position(s) Held: _____

Description of Experience: (Use additional pages if necessary.) _____

Name of Contractor/Employer: _____

Contractor's Telephone Number: _____

License Number and State Where Issued: _____

Printed Name of Authorized Signer: _____

Signature of Authorized Signer: _____ Date: _____

Utah Division of Occupational & Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY APPLICANT'S QUALIFYING INDIVIDUAL:

If you have passed the trade exam in Alabama, Arizona, Arkansas, California, Florida, Georgia, Louisiana, Michigan, Mississippi, Nevada, North Carolina, South Carolina, Tennessee, Virginia, or West Virginia, complete the first section of this form, submit it to the applicable state, and request that the state include the examination information on this form and return it to you for submission with your application.

Qualifier's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My social security number is: _____

My date of birth is: _____

My license number in your state is/was: _____

Signature of Applicant's Qualifier: _____

(Continued on the reverse.)

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, place the completed form in a sealed envelope, and provide it to the qualifier in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Name of Qualifying Person: _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: _____ Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please explain: _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement: from what state? _____

Examination Scores: _____

Education Required for Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)